

APPLICATION FOR A LICENSE TO SELL POTENTIALLY HAZARDOUS FOODS AT A FARMER'S MARKET

Return application and payment to:

DEPT OF INSPECTIONS AND APPEALS
FOOD & CONSUMER SAFETY BUREAU
LUCAS BLDG - 321 E 12TH ST
DES MOINES, IA 50319

Phone : (515)281-6538

Date Of Application : _____

Type of Application : [] NEW [] RENEWAL

If new application, business opening date : _____

Has ownership changed since last license issued? [] Yes [] No

If yes : Previous Owner : _____

Business Name : _____

Last License Number : _____

WATER SOURCE (check one) [] Public water supply

[] Private Well

License # _____	Exp Date : _____
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Name of Business : _____

Owner's Name : _____ Phone : _____

Physical Address : _____ County : _____

City : _____ State : _____ Zip : _____

Mailing address for all correspondence if different than above :

Street or Route : _____ Phone : _____

City : _____ State : _____ Zip : _____

Person-in-Charge : _____ Title : _____ Phone : _____

Ownership structure: Individual : ___ Partnership*: ___ Corporation*: ___

*(Complete next section for partners or corporate officers)

Name : _____ Title : _____ Name : _____ Title : _____

Address : _____ Address : _____

City : _____ State : _____ Zip : _____ City : _____ State : _____ Zip : _____

Description of stand/Unit	: [] Trailer	[] Truck	[] Pushcart	[] Other _____
Type of overhead	: [] Canvas	[] Wood	[] Metal	[] Other _____
Sides fully enclosed	: [] Yes [] No	Running Water :	[] Yes [] No	[] Hot [] Cold

What type of equipment washing facilities will you be providing ? _____

What type of handwashing facilities will you be providing ? _____

Type of food to be served and means of preparation ? _____

How do you plan to keep potentially hazardous foods (meat, eggs, dairy products, etc.) above 140°F or below 41°F ?

License Fee Structure : 100.00

* License is only valid at farmer's market sites located in the county applied for in the current season. To operate in counties other than the one applied for, a new license with an additional \$100.00 license fee is required.

Any change in Ownership Requires a New License. Licenses are **Not** Transferable.

Make Check or Money Order Payable to :

DEPT OF INSPECTIONS AND APPEALS

Signature of Applicant : _____

Title of Applicant : _____ Date : _____

FOR OFFICE USE ONLY	
CK #	: _____
\$: _____
CK Date	: _____